



**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/849,404
Filing Date	5/18/2004
First Named Inventor	Pan
Title	FABRICATION OF A HIGH FILL RATIO REFLECTIVE SPATIAL LIGHT MODULATOR WITH HIDDEN HINGE
Art Unit	2875
Examiner Name	Not Yet Assigned
Attorney Docket Number	021713-002321US

I hereby appoint:

Practitioners associated with the Customer Number

20350

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

--

OR

Firm or Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Xiao (Charles) Yang

Signature

Date 10/18/04

Telephone 408.961.5888

NOTE: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below*.

*Total of _____ forms are submitted.



**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/849,404
Filing Date	5/18/2004
First Named Inventor	Pan
Title	FABRICATION OF A HIGH FILL RATIO REFLECTIVE SPATIAL LIGHT MODULATOR WITH HIDDEN HINGE
Art Unit	2875
Examiner Name	Not Yet Assigned
Attorney Docket Number	021713-002321US

I hereby appoint:

Practitioners associated with the Customer Number

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

--

OR

Firm or Individual Name

Address

Address

City

State

ZIP

Country

Telephone

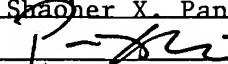
Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Shaffer X. Pan		
Signature			
Date	Telephone		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.